

00889659

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 00889659		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	1							TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS	1							TOTAL CLAIMS			

61-04